2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003815

1. Entity Name

NEW CREATION CHURCH INTERNATIONAL, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90072 047 ****70.00

Principal Place of Business	Mailing Address
1016 KERWOOD CIRCLE OVIEDO FL 32765	1016 KERWOOD CIRCLE OVIEDO FL 32765-4600

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3585014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIET, JON C. VANDE
1016 KERWOOD CIRCLE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name VANDE-RIET, JON C.
Street Address (P.O. Box Number is Not Acceptable) 1016 Kerwood Circle
City Oviedo FL Zip Code 32765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIET, JON C. VANDE 1016 KERWOOD CIRCLE OVIEDO FL 32765	☐ Delete misspelled name	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VANDE-RIET, JON C. 1016 Kerwood Circle Oviedo, Florida 32765	☒ Change ☐ Addition misspelled name
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIELDS, LONNIE 2777 KNAPP GRAND RAPIDS MI 49525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERRON, J. MICHAEL 1989 PTARMIGAN SALEM OR 97304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon C. Vande Riet 2/16/00 407-671-7192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #